2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 12, 2007 8:00 am **Secretary of State DOCUMENT # P03000054889** 05-08-2007 90010 024 ***150.00 1. Entity Name NIURIS TILE, CORP. Principal Place of Business Mailing Address 103 ROYAL COV DR. 103 ROYAL COV DR. 66018879 NAPLES, FL 34114 NAPLES, FL 34114 CR2E034 (11/05) 04232007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2111100 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent PERDOMO, DOUGLAS R --DO-NOT-WRITE 103 ROYAL COV DR. NAPLES, FL 34114 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered egent and tide if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PERDOMO, DOUGLAS R NAME 103 ROYAL COV DR. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other tike empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED